

STATE OF UTAH
DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY
PO Box 144870, SALT LAKE CITY, UTAH 84114

<http://www.waterquality.utah.gov>

Certification Telephone: (801)538-6062 - Fax: (801)538-6016

APPLICATION FORM
ORIGINAL CERTIFICATION OF ONSITE
WASTEWATER TREATMENT &
DISPOSAL SYSTEM PROFESSIONALS

Submit Application & Fee payable to the "Division of Water Quality"

This application form is only for original certification of onsite professionals at any level who attended training through the Utah On-site Wastewater Training Center. If you did NOT attend the required training, you must complete the *Waiver* application.

A. Name _____ **Social Sec. No.** XXX-XX-_____
(Required) (First Name) (Middle Name or Initial) (Last Name) (Last 4 digits only)

B. Contact Information (You MUST notify the Division of Water Quality of address changes)

Primary Mailing Address (Required) - Indicate **Type** of Address (**H**ome, **B**usiness, **W**ork, **M**ailing): _____

Business Name: _____ Business Type: _____
(If part of primary mailing address) (Consultant, Contractor, etc.)

(Primary Mailing Address - include PO Box, if required) (City) (State Abbr.) (Zip Code)

Alternate Address - Indicate **Type** of Address (**H**ome, **B**usiness, **W**ork, **M**ailing): _____

Business Name: _____ Business Type: _____
(If part of alternate address) (Consultant, Contractor, etc.)

(Alternate Address) (City) (State Abbr.) (Zip Code)

County of Business - _____
(Primary County of Business - to be used for web site list)

(Primary E-mail Address) (Alternate E-mail Address)

C. Phone Numbers - Indicate Type (**H**ome, **B**usiness, **F**ax or **M**obile)

Primary Phone Type: ____ No. _____ Alternate Phone Type: ____ No. _____
(Will be listed on Web Site) (Area code) (Number) (Area code) (Number)

D. Original Certificates Requested (Complete all that apply and enclose \$10 fee for each certificate)

Level 1- Attended Certification class _____ and Passed Exam _____ Fee _____
(Date Attended) (Exam Date) (Included)

Level 2- Attended Certification class _____ and Passed Exam _____ Fee _____
(Date Attended) (Exam Date) (Included)

Level 3- Attended Certification class _____ and Passed Exam _____ Fee _____
(Date Attended) (Exam Date) (Included)

Total Certificate Fee Included: _____
(Add All Above)

E. Applicant Signature - By signing this application, I attest that the above information is accurate and that I have met the requirements of *Utah Administrative Code R317-11* for certification as an Onsite Systems Professional for the levels indicated above. I understand that for Level 2 and Level 3 certifications, I must maintain all lower classifications of certifications.

Applicant's Signature (Required) _____

Date _____

(Certification Program Use Only)
Receipt No. _____
Amount _____
Entered DB _____
Cert No. _____
Expire Date _____